

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

FILING DATE

10 | 585685

7.10.06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.		1				
TOTAL DEP.		10				
TOTAL CLAIMS		11				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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